



**WEST VIRGINIA
INSURANCE COMMISSION
1124 SMITH STREET
PO BOX 50540
CHARLESTON, WV 25305-0540**

PURCHASING GROUP MODIFICATION FORM
(\$50.00 Filing Fee)

☐ MAILING ADDRESS ☐ HOME ADDRESS ☐ OFFICER/DIRECTOR ☐ INSURER

Please provide the following information to expedite your modification:

PURCHASING GROUP NAME: _____ **WV FILE #: P** _____

MAILING ADDRESS: _____

CONTACT PERSON: _____ **TELEPHONE #:** _____

HOME ADDRESS: _____

CONTACT PERSON: _____ **TELEPHONE #:** _____

☐ **ADDING**

OFFICER/DIRECTOR NAME: _____ **TITLE:** _____

TELEPHONE #: _____

☐ **DELETING**

OFFICER/DIRECTOR: _____ **TITLE:** _____

TELEPHONE #: _____

☐ **ADDING**

INSURER: _____ **NAIC#:** _____

INSURER: _____ **NAIC#:** _____

☐ **DELETING**

INSURER: _____ **NAIC#:** _____

INSURER: _____ **NAIC#:** _____

****PLEASE NOTE PURSUANT TO W.VA. CODE §33-32-17(B), ANY MODIFICATION OF ANY KIND MUST BE SUBMITTED TO THIS DIVISION WITHIN (10) TEN DAYS OF THE SUCH CHANGE WITH REQUIRED FILING FEE OF \$50.00 MADE PAYABLE TO THE WV INSURANCE COMMISSION. ****